

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450



Docket No.: 486.1001  
Date: July 22, 2005

In re application of: David L. RHODES

Serial No.: 09/726,087

Filed: 09/726,087

For: **COLLABORATIVE HOST MASQUERADING SYSTEM**

Sir:

Transmitted herewith is a **Notice of Appeal** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.  
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.  
☒ No fee for additional claims is required.  
☐ A filing fee for additional claims calculated as shown below, is required:

| FOR:   | (Col. 1)  | (Col. 2)   |         | SMALL ENTITY |       | OR | LARGE ENTITY |       |
|--|-----------|------------|---------|--------------|-------|----|--------------|-------|
|  | REMAINING | HIGHEST    |         | RATE         | FEE   |    | RATE         | FEE   |
|  | AFTER     | PREVIOUSLY | PRESENT |              |       |    |              |       |
|  | AMENDMENT | PAID FOR   | EXTRA   |              |       |    |              |       |
| TOTAL CLAIMS   | Minus     | =          |         | x \$         | 9     | \$ | x \$         | 18    |
| INDEP. CLAIMS  | Minus     | =          |         | x \$         | 42    | \$ | x \$         | 84    |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |           |            |         | +            | \$140 | \$ | +            | \$280 |

TOTAL: \$ OR TOTAL: \$

- \* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☒ Also transmitted herewith are:

- ☒ Petition for two months extension under 37 C.F.R. 1.136(a)  
☐ Other:

☒ Check(s) in the amount of **\$475.00** is attached to cover:

- ☐ Filing fee for additional claims under 37 C.F.R. 1.16  
☒ Petition fee for two month extension under 37 C.F.R. 1.136(a)  
☒ Other: Notice of Appeal

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.

- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.  
☒ Any patent application processing fees under 37 C.F.R. 1.17.  
☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

  
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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on July 22, 2005.  
 DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 